



# Corner Home Medical

## Service Guide



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### Our Mission

To foster compassionate care, collaborative education, quality, innovation and enhanced independent lifestyle... above all Trust.

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### ***Welcome to Corner Home Medical***

We appreciate the confidence you have placed in us. We will do everything within our power to make your experience with us comfortable and positive.

Corner Home Medical is a merger of two strong family owned companies (Merwin Home Medical and Corner Medical) who are dedicated to meeting the needs of the communities they serve.

Be assured that if there ever exists a question or concern about the service you are receiving from us, we want you to contact us so that we can resolve the issue and make your experience even better.

Most Sincerely, The Steinhauser and Neumann Families  
and the Corner Home Medical Staff

## OFFERING A FULL LINE OF DURABLE MEDICAL EQUIPMENT



### **Ambulatory**

- Crutches & Cane
- Rolling Walkers
- Walker Attachments
- Walkers/Standers

### **Bathroom Aids**

- Bath Benches
- Commode Safety Rails
- Grab Bars
- Hand Held Showers
- Raised Toilet Seats
- Tub Lifts

### **Bedroom**

- Cushions & Mattresses
- Electric Beds
- Over Bed Table
- Side Rails
- Trapeze

### **Complex Rehab**

- Power Chairs
- Scooters

### **Incontinence Products**

- Disposable Briefs & Underwear
- Skin Care
- Underpads

### **Lifts**

- Lift Seat Assists
- Patient Lifts
- Reclining Lift Chairs

### **Oxygen & Respiratory**

- CPAP Machines & Accessories
- Home Ventilators
- Nebulizers
- O<sub>2</sub> Home Fill Systems
- Stationary O<sub>2</sub> Concentrators
- Portable O<sub>2</sub> Concentrators

### **Supplies & Aids for Daily Living**

- Braces & Body Supporters
- Breast Pumps
- Custom Breast Prosthesis
- Enteral Formula
- Home Modification (Walk-in Tub, Home Accessibility Remodel, Stair Lifts, Ramps, and Home Elevators)
- Ostomy
- Reacher's & Dressing Aids
- Urological
- Wound Care Pumps

### **Wheelchairs**

- Broda Chairs
- Heavy Duty/Bariatric
- Lightweight & Transfer
- Standard

Find these products and more at one of our retail locations  
or view our Online Catalog at [www.cornerhomemedical.com](http://www.cornerhomemedical.com)

## **SERVICES AND POLICIES**

**Services Offered by Corner Home Medical include:** Delivery and in-home instruction; Insurance processing and billing; Physician contact to assist with insurance coverage; 24-hour emergency on-call technicians; Respiratory therapy staff; Medical equipment technicians; Shipping service; Service department.

**Return Policy:** Corner Home Medical will allow returns on most saleable items within fifteen (15) days after purchase. Items must be in the original unopened package and accompanied by the sales order. Items billed through insurance must be returned unopened within 15 days of the purchase date. Bug infestation is not normal wear and tear. We will not accept any returns on bug infested equipment or products.

—**Non-returnable items** include but are not limited to: personal care items, bathroom products, food or enteral products, wheelchair cushions, seat or bed cushions, pillows, seat lift chairs and breast pumps. Items that have suffered physical damage by the customer may not be returned for any reason.

—**Special Order Items:** All special-order items except for seat lift chairs will require a non-refundable payment of 100% of the item cost upon placing the order. Seat lift chairs will require a non-refundable payment of 50% of the item cost upon placing the order. The balance will be due before delivery of the chair. Special order items are not returnable and or may require a restocking fee.

—**Non-refundable items** include but are not limited to: compression stockings, hernia belts or soft goods which have been worn, used or opened are not refundable.

**Warranty Information:** Every product sold or rented by our company carries a manufacturer's warranty. Corner Home Medical will notify all customers, including Medicare beneficiaries, of the warranty coverage, and will honor all warranties under applicable law. All warranties are extended by the manufacturer and NOT by Corner Home Medical. Depending on the circumstances, Corner Home Medical will assist you in resolving warranty issues.

**Rental Agreement:** If you are renting prescribed medical equipment from Corner Home Medical, the minimum rental period is one month. Refunds cannot be made for any unused portion of time. Oral or written instructions regarding the care and operation of the equipment will be provided at the time of delivery. The equipment will be delivered in good working order and with the exception of normal wear, must be returned in good working order. If not, costs incurred to repair equipment is the responsibility of the patient/responsible person renting the equipment. Bug infestation is not normal wear and tear. We will not accept any returns on bug infested equipment. Equipment will remain at the address where delivery is made unless consent is given by Corner Home Medical to move the equipment to another location. If the patient is admitted to a skilled nursing home or admitted to the hospital, Corner Home Medical should be notified. In case of destruction or loss, the patient will be responsible for the charged retail replacement cost of the equipment. The patient is responsible for notifying Corner Home Medical when the equipment is no longer needed.

**Service/Repairs:** Customers should call anytime you are having difficulty with your equipment, day or night. Our technicians and therapists will guide you through the problem and assist to correct issues. You may bring equipment for service or repair to our retail locations during business hours, Monday through Friday. All repair charges are due upon receipt, unless arrangements have been made prior to repair services.

**Shipping & Delivery:** Routine, ongoing supplies may be shipped via parcel delivery, Monday through Friday. Private pay items on orders under \$100 will incur a \$12.95 shipping fee. Please allow two to three business days to receive your order. Same day delivery may be available for an additional courier fee. Larger items and durable medical equipment may be subject to additional delivery fees, and are delivered by one of our Technicians directly to your home. You will need to be home or have an authorized person at home to sign for the delivery.

## **BILLING SERVICES AND PAYMENT OPTIONS**

**Customer Responsibility:** Options include 1) Pay in full by check, money order or cash, or 2) Pay by major credit card or check card.

**Private Pay** portions will be submitted to you on an invoice or statement, which will be mailed to you. This payment is due upon receipt. If your insurance denies payment, you are responsible for all outstanding charges. If your physician does not complete and forward to Corner Home Medical all necessary documentation supporting medical necessity as defined by your insurance, you will be responsible for all outstanding charges.

**Insurance Responsibility:** Corner Home Medical will accept **Medicare, Medical Assistance** and most commercial insurance companies for coverage of your needs, as well as many HMO and PPO insurance plans. Insurance claims are filed on your behalf. Your portion is due upon receipt of invoice. If your insurance carrier does not remit payment within 60 days of our billing date, the balance will be due from you. If we do not have a contract with your insurance, we will bill them as a courtesy to you; however, our office does not accept responsibility for collecting on these claims.

As a service to our **Medicare** customers, our office accepts Assignment on most Medicare claims. If Medicare denies your claim, we will bill you, and you can choose one of the above credit options. In some instances, claims will be billed Non-Assigned. **Non-Assigned** means we will bill the retail amount directly to you, which is due upon receipt. Our office will process the claim with Medicare on your behalf, and Medicare will reimburse you directly (the allowable amount.) If you are covered by **Medical Assistance**, we will bill Medical Assistance for all eligible dates of service. Please notify our office immediately of any changes to your medical insurance. If we are not notified of a change to your medical insurance, we will bill the retail amount directly to you.

**Equipment rental agreements** are between Corner Home Medical and the customer. If your insurance covers the rental item, we will bill your insurance company on your behalf; however, the rental agreement remains with you, not the insurance carrier.

**It is your responsibility to understand your insurance coverage** and its effects on the rental agreement, especially when you consider changing insurance plans. Before you change insurance, we advise you to call your new insurance carrier and inquire about coverage for the equipment you are renting. In some instances, the rental period and number of rental payments applied towards purchase (if available) may change or start over when changing insurance plans.

**BILLING SERVICES AND PAYMENT OPTIONS-continued**

You understand that if you do not pay for a product or service upon receipt of an invoice, you may receive autodialed, pre-recorded calls, or both, from or on behalf of Corner Home Medical at the telephone or wireless number(s) provided. You consent to receive future calls at those number(s) by autodialed calls, pre-recorded calls, or both, and understand that your consent to such calls is not a condition of purchasing any goods or services.

**MEDICARE CAPPED RENTAL AND INEXPENSIVE OR  
ROUTINELY PURCHASED ITEMS NOTIFICATION****For Capped Rental Items:**

- Medicare will pay a monthly rental fee for a period not to exceed 13 months, after which ownership of the equipment is transferred to the Medicare beneficiary.
- After ownership of the equipment is transferred to the Medicare beneficiary, it is the beneficiaries' responsibility to arrange for any required equipment service or repair.
- Examples of this type of equipment include: hospital beds, wheelchairs, alternating pressure pads, air-mattresses, nebulizers, suction pumps, continuous positive airway pressure (CPAP) devices, patient lifts and trapeze bars.

**For Inexpensive or Routinely Purchased Items:**

- Equipment in this category can be purchased or rented; however, the total amount paid for monthly rentals cannot exceed the fee schedule purchase amount.
- It is Corner Home Medical's discretion to establish some products as "purchase only."
- Examples of this type of equipment include: canes, walkers, crutches, commode chairs, low pressure and positioning equalization pads, home blood glucose monitors, and seat lift mechanisms.

### **WHEN TO CONTACT US**

Please remember to contact Corner Home Medical when any of the following situations occur:

- Major changes in your condition that may require changes in your equipment needs, your physician makes a change in your prescription, or feels you no longer need the equipment.
- Pending changes in your insurance or payer source or financial changes that make it difficult to pay for your services or equipment.
- If you are moving to a new location, being admitted into an acute care hospital, or a long term nursing care facility.
- If you believe you are having problems with the equipment or are unsure as to how to use or care for your equipment.
- Any time you have a question as to what is available in the medical equipment/supply market.
- Any time you feel that you are being treated unfairly by Corner Home Medical or have a complaint or a compliment about the company.
- If you would like a copy of your signed paperwork mailed or emailed to you.

### **FOR QUESTIONS OR CONCERNS**

#### **EQUIPMENT QUESTIONS:**

763-535-5335 Option 5 (Greater Twin Cities area)  
800-637-7795 (Alexandria, Fergus Falls, Redwood Falls, Willmar)  
800-777-8390 (Duluth, Virginia)  
218-359-2122 (Moorhead/Dilworth) or 701-364-6240 (Fargo)  
507-208-4350 (Rochester)  
320-257-6184 (Saint Cloud)

#### **FOR CONCERNS WITH BILLING:**

Call 763-535-5335 option 3 and ask for a Billing Representative.

#### **FOR SERVICE CONCERNS OR COMPLAINTS:**

Call 763-535-5335 option 5 and ask for Customer Service or a Manager.  
Submit an email via form at [www.cornermedical.com/contact us/](http://www.cornermedical.com/contact-us/)

#### **AFTER HOURS CONTACT INFORMATION**

Call 763-535-5335 or toll free 866-535-5335. You will be prompted to enter "0" to be connected with our 24-hour on-call service. If you are experiencing a medical emergency, please call your local emergency response services at **911**.



**FOR QUESTIONS OR CONCERNS continued**

If you have a complaint about Corner Home Medical or a person providing you with care, you may write, call or visit the office of Health Facility Complaints, Minnesota Department of Health. You may also call the Ombudsman for Older Minnesotans:

**OFFICE OF HEALTH FACILITY COMPLAINTS**

Minnesota Department of Health  
85 E 7th Place, Suite 300, PO Box 64970, St. Paul, MN 55164-0970  
(651)201-4201 or (800)369-7994  
Email: health.ohfc-complaints@state.mn.us

**HOME CARE OMBUDSMAN**

P.O. Box 64971, St. Paul, MN 55164-0971  
(651)431-2555 or (800)657-3591

**DME REGIONAL CARRIER (MEDICARE)**

Provider Services  
P.O. Box 39 Lawrence, KS 66044 (800)MEDICARE  
(800)633-4227

**ND KEPRO (MEDICARE'S BENEFICIARY)**

Quality Improvement Organization  
(844)430-9504 or TTY: (855)843-4776

**ND DEPT OF HEALTH DIVISION OF HEALTH FACILITIES**

600 E Boulevard Ave, Bismarck, ND 58505-0200  
(701)328-2352

**ND DEPT OF HUMAN SERVICES AGING SERVICES DIVISION**

Division of Health Facilities  
600 E Boulevard Ave, Bismarck, ND 58505-0250  
(701)328-2310 (800)472-2622

**ND HOME HEALTH HOTLINE**

(800)545-8256

**WISCONSIN RESIDENTS**

Health Care Survey Section Bureau of Quality Compliance, Division of Health, Department of Health and Social Services  
P.O. Box 309, Madison, WI 53701  
(800)642-6552

**FRAUD & ABUSE / VULNERABLE ADULT REPORTING LINE**

(855)462-5465

**THE COMPLIANCE TEAM**

(888)291-5353

## **MEDICARE DMEPOS SUPPLIER STANDARDS**

**Note: This is an abbreviated version of the supplier standards every Medicare DMEPOS supplier must meet in order to obtain and retain their billing privileges. These standards, in their entirety, are listed in 42 C.F.R. 424.57(c).**

1. A supplier must be in compliance with all applicable Federal and State licensure and regulatory requirements.
2. A supplier must provide complete and accurate information on the DMEPOS supplier application. Any changes to this information must be reported to the National Supplier Clearinghouse within 30 days.
3. A supplier must have an authorized individual (whose signature is binding) sign the enrollment application for billing privileges.
4. A supplier must fill orders from its own inventory, or contract with other companies for the purchase of items necessary to fill orders. A supplier may not contract with any entity that is currently excluded from the Medicare program, any State health care programs, or any other Federal procurement or non-procurement programs.
5. A supplier must advise beneficiaries that they may rent or purchase inexpensive or routinely purchased durable medical equipment, and of the purchase option for capped rental equipment.
6. A supplier must notify beneficiaries of warranty coverage and honor all warranties under applicable State law, and repair or replace free of charge Medicare covered items that are under warranty.
7. A supplier must maintain a physical facility on an appropriate site and must maintain a visible sign with posted hours of operation. The location must be accessible to the public and staffed during posted hours of business. The location must be at least 200 square feet and contain space for storing records.
8. A supplier must permit CMS or its agents to conduct on-site inspections to ascertain the supplier's compliance with these standards.
9. A supplier must maintain a primary business telephone listed under the name of the business in a local directory or a toll free number available through directory assistance. The exclusive use of a beeper, answering machine, answering service or cell phone during posted business hours is prohibited.
10. A supplier must have comprehensive liability insurance in the amount of at least \$300,000 that covers both the supplier's place of business and all customers and employees of the supplier. If the supplier manufactures its

## **MEDICARE DMEPOS SUPPLIER STANDARDS—continued**

own items, this insurance must also cover product liability and completed operations.

11. A supplier is prohibited from direct solicitation to Medicare beneficiaries. For complete details on this prohibition see 42 CFR § 424.57 (c) (11).
12. A supplier is responsible for delivery of and must instruct beneficiaries on the use of Medicare covered items, and maintain proof of delivery and beneficiary instruction.
13. A supplier must answer questions and respond to complaints of beneficiaries, and maintain documentation of such contacts.
14. A supplier must maintain and replace at no charge or repair cost either directly, or through a service contract with another company, any Medicare-covered items it has rented to beneficiaries.
15. A supplier must accept returns of substandard (less than full quality for the particular item) or unsuitable items (inappropriate for the beneficiary at the time it was fitted and rented or sold) from beneficiaries.
16. A supplier must disclose these standards to each beneficiary it supplies a Medicare-covered item.
17. A supplier must disclose any person having ownership, financial, or control interest in the supplier.
18. A supplier must not convey or reassign a supplier number, i.e., the supplier may not sell or allow another entity to use its Medicare billing number.
19. A supplier must have a complaint resolution protocol established to address beneficiary complaints that relate to these standards. A record of these complaints must be maintained at the physical facility.
20. Complaint records must include: the name, address, telephone number and health insurance claim number of the beneficiary, a summary of the complaint, and any actions taken to resolve it.
21. A supplier must agree to furnish CMS any information required by the Medicare statute and regulations.
22. All suppliers must be accredited by a CMS-approved accreditation organization in order to receive and retain a supplier billing number. The accreditation must indicate the specific products and services, for which the supplier is accredited in order for the supplier to receive payment for those specific products and services (except for certain exempt pharmaceuticals).

**MEDICARE DMEPOS SUPPLIER STANDARDS—continued**

23. All suppliers must notify their accreditation organization when a new DMEPOS location is opened.
24. All supplier locations, whether owned or subcontracted, must meet the DMEPOS quality standards and be separately accredited in order to bill Medicare.
25. All suppliers must disclose upon enrollment all products and services, including the addition of new product lines for which they are seeking accreditation.
26. A supplier must meet the surety bond requirements specified in 42 CFR § 424.57 (d).
27. A supplier must obtain oxygen from a state-licensed oxygen supplier.
28. A supplier must maintain ordering and referring documentation consistent with provisions found in 42 CFR § 424.5716(f).
29. A supplier is prohibited from sharing a practice location with other Medicare providers and suppliers.
30. A supplier must remain open to the public for a minimum of 30 hours per week except physicians (as defined in section 1848(j) (3) of the Act) or physical and occupational therapists or a DMEPOS supplier working with custom made orthotics and prosthetics.

**NOTICE OF PATIENT PRIVACY**  
**EFFECTIVE MAY 31, 2018**

We are committed to preserving the privacy of your personal health information. In fact, we are required by law to protect the privacy of your medical information and to provide you with NOTICE describing:

**HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND  
DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION.**

We are required by law to have your written consent before we use or disclose to others, your medical information for purposes of providing or arranging for your health care, the payment for, or reimbursement of the care that we provide to you, and the related administrative activities supporting your treatment.

We may be required or permitted by certain laws, to use and disclose your medical information for other purposes, without your consent or authorization.

As our patient, you have important rights relating to inspecting and copying your medical information that we maintain, amending or correcting that information, obtaining an accounting of our disclosures of your medical information, requesting that we restrict certain uses and disclosures of your health information, or making a complaint if you think your rights have been violated.

We have available a detailed Notice of Privacy Practices which fully explains your rights and our obligations under the law. We may revise our Notice from time to time. The effective date at the top right hand side of this page indicates the date of the most current Notice in effect.

You have the right to receive a copy of our most current Notice in effect. If you have not yet received a copy of our current Notice, please call Customer Service at (763) 535-5335 and we will provide you with a copy.

If you have any questions, concerns, or complaints about the **Notice** or your medical information, please contact Tammi Bagstad OHCC, CHCO, Compliance Officer with Corner Home Medical at 1-866-535-5335, or The Compliance Team at 1-888-291-5353.

## **PATIENT RIGHTS & RESPONSIBILITIES**

### **Patient Rights:**

1. The patient has the right to considerate and respectful service.
2. The patient has the right to obtain service without regard to race, creed, national origin, sex, age, disability, diagnosis or religious affiliation.
3. Subject to applicable law, the patient has the right to confidentiality of all information pertaining to his/her medical equipment service. Individuals or organizations not involved in the patient's care, may not have access to the information without the patient's written consent.
4. The patient has the right to make informed decisions about his/her care.
5. The patient has the right to reasonable continuity of care and service.
6. The patient has the right to voice grievances without fear of termination of service or other reprisal in the service process.

### **Patient Responsibilities:**

1. The patient should promptly notify the Home Medical Equipment Company of any equipment failure or damage.
2. The patient is responsible for any equipment that is lost or stolen while in their possession and should promptly notify Home Medical Equipment Company in such instances.
3. The patient should promptly notify the Home Medical Equipment Company of any changes to their address or telephone.
4. The patient should promptly notify the Home Medical Equipment Company of any changes concerning their physician.
5. The patient should notify the Home Medical Equipment Company of discontinuance of use.
6. Except where contrary to federal or state law, the patient is responsible for any equipment rental and sale charges which the patient's insurance company/companies does not pay.

## **PATIENT SAFETY INFORMATION**

**INTRODUCTION:** The information on the following pages is intended to cover basic safety issues related to the equipment you are receiving from Corner Home Medical. We value you as a person and a customer. We want your equipment to meet your medical needs and to accomplish your goals in a safe manner. If you are having a medical emergency, please call 9-1-1; do not delay getting help by calling Corner Home Medical.

It is important that you use the equipment provided only in the manner for which it is intended. You should not modify it or make changes to prescribed usage without first consulting your physician. If changes are being made to your medical plan related to the use of the equipment, you are obligated to contact Corner Home Medical to assure that the equipment as it is currently set will continue to meet your needs, or if changes in settings are needed that they are done properly.

**GENERAL SAFETY INFORMATION:** It is important that your medical equipment be set up in a location that allows you best use of it, yet it does not impede your safe mobility or that of other family members within your home.

Electrically operated equipment must be plugged directly into a grounded outlet. It is unsafe to use extension cords or multiple plug adapters for the equipment. Electric cords must be free from traffic areas where a person may trip and fall or the weight of people or wheelchairs will not damage the power cords and create an electrocution or fire hazard. Always be cautious of overloading electrical circuits. It is highly recommended that you have functioning fire and smoke detectors in your home.

In general, your home should be free from obstruction and clutter. This is particularly true if you are using aids to assist you with ambulation such as canes or walkers. Throw rugs and hallway runners may pose a serious hazard of tripping and falling if your ambulatory abilities are diminished. Hallways and general traffic areas in your home should not have toys, boxes or equipment in them. At night or in the dark you may forget they are there and trip and fall.

If you are at risk for falls such as general weakness, dizziness or light-headedness, you have had surgery or an injury that impairs your legs or balance, or if you have had a stroke with partial paralysis or weakness, it is best if hallways, bathrooms and your sleeping area have a night light to give you some added visibility at night.

If you live alone, it is a good idea to have a friend or family member check on you throughout the day if you have a condition or are on medications which may cause you to fall or impair your cognitive abilities or cause you to lose consciousness. There are commercial products available to assist you in

**PATIENT SAFETY INFORMATION-continued**

summoning help in an emergency if you cannot reach a phone.

**EMERGENCY MANAGEMENT PLAN:** Corner Home Medical does have an emergency management plan. This directs our staff in procedures for dealing with natural or community wide emergencies when they arise. This could be anything from flood and storm damage, civil disturbance, terrorist activities or even outbreaks of infectious disease in the community. Corner Home Medical works closely with civil authorities in the area in developing these plans.

In the event of a non-medical emergency or a disaster in your community, such as fire, loss of electrical power, floods, storms, etc. follow instructions provided by community emergency services. If possible and if needed, take your equipment with you, but only if safe to do so. If necessary, be moved to a local hospital if you cannot go without the equipment, such as oxygen. As soon as safely possible contact Corner Home Medical to inform us of your situation. We will replace your equipment as soon as possible in a safe location. When you are accepted as a client of Corner Home Medical, we always ask for an emergency contact. This should be an individual who does not live with you, who we may contact in an emergency to locate you.

**PRODUCT SPECIFIC SAFETY CONSIDERATIONS**

**AMUBLATORY AIDS:** This category includes items such as canes, walkers, crutches and non-powered wheelchairs. Assure that your traffic ways are clear of obstructions such as boxes and tables. It is recommended that you do not use throw rugs or hallway runners with these items as they are easy to trip on. Always back wheelchairs into elevators as front wheels can easily get caught in the elevator door tracks. Do not go up or down un-ramped curbs without assistance in a wheelchair. Do not use walkers for stability when going up or down stairs. Use the handrails on the stairwell. Walkers and canes should be properly height adjusted for your use to prevent injury. In many situations the use of a cane, a walker or crutches will require professional assessment and training to use correctly. Speak with your physician if this is a concern. If using walkers with wheels and a seat, remember to lock the wheels when sitting down or rising from a sitting position. Wheeled walkers are not substitutes for a wheelchair. Walker seats are for your convenience to rest. Do not have anyone push you while seated in a walker. Walker baskets are for lightweight items only. Heavy or awkward items can throw the balance of the walker off and allow you to easily fall.



**PATIENT SAFETY INFORMATION-continued**

**TRANSFER AIDS:** Transfer aids are designed to assist with transferring from one stationary position to another such as a bed to a chair, or a chair to a commode, etc. These items are transfer boards, hydraulic lifts, trapeze bars, benches and bed assists. Unless you are totally comfortable with self transfers, it is recommended you always perform transfers with someone to assist. When using transfer boards, always assure that the item you are transferring from and the item you are transferring to are locked into position so they do not move while the transfer is taking place. If using a bed assist (or side rails) to stabilize yourself while transferring out of a bed, make sure the bed is low enough that your feet are flat on the floor when sitting on the side of the bed. When rising after laying down for any period of time, it is recommended that you sit at the side of the bed for a short period of time to reduce the chance of dizziness before standing. Hydraulic lifts are designed for total weight bearing and are not designed for self transfer at all. Hydraulic lifts are not made for mobility to transfer from room to room.

**HOSPITAL BEDS AND SIDE RAILS:** Hospital beds are designed to allow position changes for individuals who are required to spend large amounts of time in bed. They allow for increased ability for caregivers to provide personal care for these individuals with less strain. If you are able to get up from bed on your own or if performing a standing transfer with assistance, the bed should be in as low a position as possible to allow your feet to flatly touch the floor. You should not have to “hop” out of the bed. Bed rails offer some protection from falling out of bed but have potential dangers associated with them. If the patient using the bed has limited mobility but may turn on their own, there is a risk of “trapping” the patient between the rails and mattress which can cause injury or suffocation. Impaired patients should be monitored closely. Bed rails are NOT to be used to “restrain” the patient. If the patient is at risk to trap themselves between the mattress and rails, a rolled up blanket or purchased rail pads may be used to fill this space limiting the risk. The majority of the time half rails are used by patients to assist in getting in and out of the bed. Bed rails are not constructed or designed for this purpose but they do function as an assist device. Make sure the rails are locked in position and that they are attached properly to the bed frame. They are not designed as weight bearing assist devices. Full length bed rails are rarely used in the home setting. Do not tie restraints to the movable parts of the bed frame or to the bed rails. This can cause strangulation. Do not store any equipment or others items under a hospital bed. Do not allow children or others to play with the bed controls.

**PATIENT SAFETY INFORMATION-continued**

**HOME OXYGEN EQUIPMENT:** General information regarding oxygen. Oxygen is non-flammable however it is an accelerant. Oxygen will aggressively support combustion and may cause some materials that are normally non-combustible at room temperature to spontaneously burn in the presence of high concentrations of oxygen. Do not use or store oxygen in the presence of open flames. Do not smoke, use candles, or cook over an open flame while wearing oxygen. Never use oil or any other lubricant on your oxygen equipment. The use of oil or grease in the presence of oxygen under pressure can cause an explosion. Post “no smoking” signs on your door or areas where oxygen is in use.

Oxygen is a drug and must be treated as such. Do not increase or decrease the amount of oxygen you use without first consulting your physician. In some instances too much oxygen can cause unwanted side effects. If your physician increases or decreases your prescribed flow rate, you must contact Corner Home Medical immediately to assure that we are aware of the new prescription, and we can determine if the equipment you are using is adequate to meet your new needs.

**Basically there are three modalities of oxygen delivery systems available for home use:**

**Oxygen Concentrators.** Oxygen concentrators are machines designed to extract or concentrate oxygen from the air and deliver it to you at the nasal cannula or mask. Oxygen concentrators use electricity to run a compressor in the unit. It should be plugged directly into a grounded outlet. Do not use extension cords or outlet adapters without consulting your delivery technician. Keep your filters clean and exchange your nasal cannula on a weekly basis if you use oxygen continuously or once every two weeks if you only use it part time. The extension tubing used is to enable you to move about your home while using the oxygen without having to move the equipment. This can be a tripping hazard for you or other members of your household. Please use caution. Notify us if the power cord becomes damaged or frayed. If you use a bubble humidifier, use only distilled water. Change the water on a daily basis and thoroughly clean the container. Use caution when threading the jar and top together, and when threading the connector back to the machine. If you cross thread the connections you will cause a leak and not receive the prescribed amount of oxygen.

**PATIENT SAFETY INFORMATION-continued**

**Liquid Oxygen.** Liquid oxygen systems provide oxygen by turning cryogenically liquefied oxygen in the large container back into a gas which comes to you through the tubing. Again, use caution with extension tubing so that you do not trip and fall. Liquid oxygen is a low pressure system but it is super cold (just under -300 degrees below zero.) Do not touch the fill connections with your bare hand. Fill and use the portable containers strictly as instructed.

**High Pressure Compressed Gas.** Compressed gas cylinders are generally used for portable oxygen system or back up units for concentrator failures due to breakdown or loss of electricity. These cylinders are filled with compressed oxygen up to a pressure of 2,000 lbs. psi. Cylinders are designed to withstand hard use and high pressure, but caution must be maintained during use and storage. They should be stored in a well ventilated storage area away from traffic patterns. Large cylinders used for higher flow back-up systems are heavy and can cause injury if they fall. They must be kept in a cylinder stand designed for them or chained to a wall. Do not move large cylinders with their regulators attached. Small cylinders should be stored standing up if possible, but should be in a rack or box to prevent falling. If necessary, they can be stored in a lying down position but placed so that they do not roll or cause a tripping hazard. Leave valve outlet covers on the cylinder valves until ready to use. Always open and close the valve slowly and store empty cylinders with the valves in the closed position. Do not store cylinders in the trunk of a vehicle. Small cylinders may be laid on the floor of the rear seat in a car. If you are storing any cylinders in a vehicle during a prolonged trip, leave the windows of the vehicle slightly open so any vented oxygen may escape. Do not leave cylinders in a vehicle in extreme heat or cold.

If you have additional questions or concerns regarding the safe use of medical equipment in your home, please feel free to contact us at 763-535-5335 for the Greater Twin Cities area, 218-359-2122 for the Moorhead/Dilworth area, 320-257-6184 for the St. Cloud area or 507-208-4350 for the Rochester/Southern Minnesota area. There is always someone available to answer questions 24 hours per day, 7 days a week.

**PLEASE NOTE: Not all products and equipment are available at all locations.**



## CONTACT INFORMATION

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**Corporate Office | Billing | Customer Service | Warehouse**

2730 Nevada Ave N, New Hope, MN 55427

Phone: 763-535-5335 Toll Free: 1-866-535-5335 Fax: 763-536-3590

Office Hours: Monday - Friday 8:00am - 5:30pm

Saturday-Customer Service Available by Phone: 9:00am - 4:00pm

## SHOWROOM LOCATIONS

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**Monday - Friday 8:30am - 5:00pm**

### TWIN CITIES METRO LOCATIONS:

**APPLE VALLEY 952-953-9945** 14690 Galaxie Ave Ste. 118 Apple Valley, MN 55124

**BLOOMINGTON 952-388-0500** 9720 Humboldt Ave S Bloomington, MN 55431

**FRIDLEY 763-502-0550** 1270 Moore Lake Dr E Fridley, MN 55432

**MAPLEWOOD 952-388-0500** 1868 Beam Ave Maplewood, MN 55109

**OSSEO 763-315-6565** 500 Central Ave Osseo, MN 55369

**ROBBINSDALE 763-535-4911** 4092 Lakeland Ave N Robbinsdale MN 55422

**WOODBURY 651-403-3502** 8380 City Centre Dr Ste. 170 Woodbury, MN 55125

### OUTSIDE METRO LOCATIONS:

**ALEXANDRIA 800-637-7795** 225 7th Ave E Alexandria, MN 56308

**BUFFALO 612-236-0116** 1267 MN Hwy 25 N Buffalo, MN 55313

**DULUTH 218-722-3420** 4418 Haines Rd Ste. 1200 Duluth, MN 55811

**FARGO 701-364-6240** 3362 35th Ave S Ste. 200 Fargo, ND 58104

**FERGUS FALLS 800-637-7795** 1432 W Lincoln Ave Fergus Falls, MN 56537

**GRAND RAPIDS 800-777-8390** 1267 S Pokegama Ste. 7 Grand Rapids, MN 56529

**MOORHEAD 218-359-2122** 1201 Center Ave W Dilworth, MN 56529

**NEW ULM 507-228-8100** 125 North Minnesota St New Ulm, MN 56073

**RED WING 651-267-2414** 573 Flueger Court Red Wing, MN 55066

**REDWOOD FALLS 800-637-7795** 1020 East Bridge St Redwood Falls, MN 56308

**ROCHESTER 507-208-4350** 36 17th Ave NW Rochester, MN 55901

**SAINT CLOUD 320-257-6184** 2958 W Division Street Saint Cloud, MN 56301

**VIRGINIA 218-741-0001** 1001 9th Ave N Virginia, MN 55792

**WILLMAR 800-637-7795** 1033 19th Ave SW Willmar, MN 56201

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